

**RI Governor's Commission on Disabilities**

**Form D 3 . Disability Rights Complaint and Mediation Request**

**PUBLIC ACCOMMODATIONS DISCRIMINATION**

**INSTRUCTIONS**

**PUBLIC ACCOMMODATIONS DISCRIMINATION** - if the discriminatory action relates to services provided by a place of public accommodations ( businesses and non-profit agencies such as a : hotel / motel, restaurant / bar, theater / stadium, auditorium / convention center, store / shopping center, health care / office of professional, public transportation station, museum / library / gallery, park / zoo / recreation facility, nursery / school, day care / senior center, gymnasium / health spa / golf course, etc.).

The Commission does not have the authority to order the agency to stop the discrimination. If you complete this form the Commission will contact the agency, attempt to set up meetings between you, the business and mediators, to allow all the parties to jointly develop a solution to the problem(s).

You should also file a public accommodations charge with the United States Department of Justice/ Civil Rights Division/ ADA Office; and / or the RI Commission for Human Rights.

If you want the Commission to attempt to resolve your complaint through mediation,

***please complete*** Part 1 . GENERAL INFORMATION (Please Print or Type).....2

***the Sections of*** Part 2 . TYPE OF DISCRIMINATION .....4

Section A I was unable to participate in services.....4

Section B I asked the agency to make the reasonable modifications of its policies, practices, or procedures.....5

Section C I was denied (or restricted in) participating in activities .....5

Section D I was provided an unequal service .....5

Section E The discrimination was taken as retaliation .....5

Section F I am not disabled, but I was subject to discrimination due to my relationship (family, etc.) with a person who is disabled: .....6

***also complete*** Part 3 . DESCRIPTION.....6

***and read and sign*** Part 4 . MEDIATION CONSENT .....7

***then return it to the:***      **RI Governor's Commission on Disabilities**

**41 Cherry Dale Court**

**Cranston, RI 02920-3049**

***and keep a completed copy for your records.***

If assistance is needed, due to your disability, in completing this form, the Commission's staff will assist. You may also provide the requested information on an audio cassette instead of filing this form.

**RI Governor's Commission on Disabilities**  
**Public Accommodations Discrimination**

**Part 1 . GENERAL INFORMATION (Please Print or Type)**

<b>Your Name:</b>				
Mailing Address:				
<b>Phones [include area code if outside RI]:</b>	<b>Voice #</b>	<b>Fax #</b>	<b>TTY #</b> <input type="checkbox"/>	<input checked="" type="checkbox"/> <b>if you use a tele-text device (TTY/TDD)</b>
Home:				
Work:				

<b>Information of the business or agency you are filing against:</b>			
Business Owner / Manager or Administrator's Name:			
Business/Agency Name:			
Address:			
Phone:	Voice:	Fax	TTY
<b>Please specify the date(s) the alleged discrimination took place:</b>			

## RI Governor's Commission on Disabilities

<b><input checked="" type="checkbox"/> Check off type of business or agency:</b>	
<input type="checkbox"/>	inn, hotel, motel or other place of lodging
<input type="checkbox"/>	restaurant, bar, or establishment serving food or drink
<input type="checkbox"/>	motion picture house, theater, concert hall, stadium or other place of exhibit
<input type="checkbox"/>	auditorium, convention center, lecture hall or other place of public gathering
<input type="checkbox"/>	bakery, grocery store, clothing store, hardware store, shopping center, or other sales or rental establishment
<input type="checkbox"/>	laundromat, dry-cleaner, bank, barber shop, beauty shop, travel service, shoe repair service, funeral parlor, gas station, office of an accountant or lawyer, pharmacy, insurance office, professional office of a health care provider, hospital, or other service establishment
<input type="checkbox"/>	terminal, depot or other station used for: bus, rail, or other station of a public transportation provider
<input type="checkbox"/>	museum, library, gallery, or other place of public display or collection
<input type="checkbox"/>	park, zoo, amusement park, or other place of recreation
<input type="checkbox"/>	nursery, elementary, secondary, undergraduate, or postgraduate private school or other place of education
<input type="checkbox"/>	day care center, senior citizen center, homeless shelter, food bank, adoption agency, or other social service center
<input type="checkbox"/>	gymnasium, health spa, bowling alley, golf course, or other place of exercise or recreation
<input type="checkbox"/>	commercial facility
<input type="checkbox"/>	house of worship (religious entity)
<input type="checkbox"/>	airport or airline
<input type="checkbox"/>	railroad train
<input type="checkbox"/>	inter-state, public transit, or paratransit bus
<input type="checkbox"/>	taxi, cab or other vehicle or hire
<input type="checkbox"/>	private club
<b>Does the agency know you have a disability ?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>(if yes, how did the agency find out: did you complete a self- identification of disability/handicap form; verbally advise an employee; etc.)</b>	

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<b>Part 2 . TYPE OF DISCRIMINATION</b>	
<input checked="" type="checkbox"/> <b>Please check off the most appropriate area(s) relating to the action that was taken against you that you believe was discriminatory.</b>	
<b>Section A</b> <i>I was unable to participate in services because:</i> <input checked="" type="checkbox"/>	
<input type="checkbox"/> the programs or activities are only provided in older facilities that are not physically accessibility	<input type="checkbox"/> they fail to maintain the access devices /equipment (wheelchair lifts, automatic doors, reading machines, TTYs, etc.)
<input type="checkbox"/> new facilities (built after 1978) are not totally accessibility	<input type="checkbox"/> transportation services are not totally accessible
<input type="checkbox"/> the business altered (renovated) an older facilities but did not make it physically accessible	<input type="checkbox"/> the landlord / property owner refused to remove barriers
<input type="checkbox"/> there is not direct tele-text (TTY, TDD, TT) communications to emergency services	<input type="checkbox"/> the facilities lack informational signage in raised letters and/or Braille
<input type="checkbox"/> the business refuses to accept phone calls from the TTY - Telephone relay service	<input type="checkbox"/> <b>OR</b> , the business refuses to call me using the TTY - Telephone relay service, even though I requested that they do so
<input type="checkbox"/> the business never posted (on notices, in letters, on walls of facility, etc.) the procedures for requesting auxiliary aids and/or services	<input type="checkbox"/> the business adopted eligibility criteria that screened out people with disabilities
<input type="checkbox"/> the business did not provide accessible check out aisles or did not provide full use (such as, paying by check) of single "express" check out aisle	<input type="checkbox"/> the business failed to provide curb service or home delivery if business or non-profit agency's facilities were/are not accessible
<input type="checkbox"/> the business failed to retrieve merchandise from inaccessible shelves or racks	<input type="checkbox"/> the business failed to relocate activities to an accessible location
<input type="checkbox"/> the business failed to establish a publicly advertised movie rotation schedule in a multi-screen cinema in which all theaters are not accessible	<input type="checkbox"/> the business failed to provide wheelchair accessible seating disbursed throughout assembly areas (theaters, meeting rooms, etc.)
<input type="checkbox"/> Or, the business failed to provide companion seating for non wheelchair users adjacent to the wheelchair accessible seating	

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### **Section B** *I asked the agency to make the reasonable modifications of its policies, practices, or procedures checked below, business did not provide: ☒*

<input type="checkbox"/> qualified interpreters	<input type="checkbox"/> note takers
<input type="checkbox"/> a transcription of what was said	<input type="checkbox"/> written report of what was said
<input type="checkbox"/> telecommunication devices for the deaf (TTY/TDD)	<input type="checkbox"/> assistive listening devices/systems at meetings and hearings
<input type="checkbox"/> telephones compatible with hearing aids	<input type="checkbox"/> telephone handset amplifiers at phones
<input type="checkbox"/> open and closed captioning of government funded video tapes and TV	<input type="checkbox"/> closed caption decoders on TVs
<input type="checkbox"/> video text displays	<input type="checkbox"/> qualified readers
<input type="checkbox"/> audio recordings of printed material	<input type="checkbox"/> Braille copies of printed material
<input type="checkbox"/> large print versions of printed materials	<input type="checkbox"/> taped texts of printed material
<input type="checkbox"/> modify equipment or devices so I could use them	
<input type="checkbox"/> modify policies to permit service animals	

### **Section C** *I was denied (or restricted in) the: ☒*

<input type="checkbox"/> opportunity to participate in or benefit from services or activities that was available to others who are not disabled	<input type="checkbox"/> opportunity to participate on an advisory board that was available to others who are not disabled
<input type="checkbox"/> taking of a licensing or certification examination that was available to others who are not disabled	<input type="checkbox"/> opportunity to participate in a public hearing that was available to others who are not disabled
<input type="checkbox"/> enjoyment of any right, privilege, advantage, or opportunity provided by the business that was available to others who are not disabled (describe in the space below):	

### **Section D** *I was provided a service that was: ☒*

<input type="checkbox"/> not as effective as others are provided	<input type="checkbox"/> different or separate aids, benefits, or services
<input type="checkbox"/> segregated or not in the most integrated site so I could receive those services with people who are not disabled.	<input type="checkbox"/> that was the same but I was charged an extra fee (a surcharge) for auxiliary aids or services (such as: an interpreter, reader, sighted guide, wheelchair seating, etc.)

### **Section E** *The discrimination was taken as retaliation for: ☒*

<input type="checkbox"/> filing a complaint	<input type="checkbox"/> assisting or encouraging others to exercise their rights
<b>or, I was subject to coercion (pressure) to :</b>	
<input type="checkbox"/> stop me from filing a complaint	<input type="checkbox"/> get me to withdraw my complaint
<input type="checkbox"/> stop me from assisting or encouraging others to exercise their rights	

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**Section F** *I am not disabled, but I was subject to discrimination due to my relationship (family, etc.) with a person who is disabled:* ☒

☐ I was subjected to discrimination because of my relationship and/or association with an individual with a disability (child, spouse, parent, companion, etc.)

**Part 3 . DESCRIPTION**

**Please explain below what action was taken against you that you believe was discriminatory. Were other persons treated differently than you? What harm, if any, was caused to you as a result of that action?**

**Please include all relevant names and dates. If you have any documents concerning the situation, please attach copies to your statement.**

{ Add additional sheets if necessary }

**Have you sought any assistance about the action you think was discriminatory from any other government agency, civil rights enforcement agency or from any other source? (if yes please indicate)** ☒

**YES**

☐

**NO**

☐

Name of the source(s)  
of assistance:

Address:

Phone:

Voice:

Fax

TTY

**and the result if any:**

**RI Governor's Commission on Disabilities**

<b>Have you sought the assistance of a lawyer?</b> (if yes please indicate)				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name of the lawyer:					
Address:					
Phone:	Voice:	Fax	TTY		
<b>Do you wish to be represented by that lawyer during mediation?</b>				YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Part 4 . MEDIATION CONSENT**

I understand that the Governor's Commission on Disabilities offers to attempt to quickly resolve disability discrimination complaints through mediation. The Commission will send a copy of this form to the business or agency that I have filed against and urge them to mediate the complaint. The Governor's Commission on Disabilities is not empowered to compel that a business or agency participate in mediation, except a state government agency.

I further understand that I may pursue my complaint before the appropriate state and/or federal civil rights enforcement agency and the federal and state courts, while the Commission attempts to resolve my complaint through mediation. If the mediation is completely successful, the business or agency I have filed against will want any complaints filed with those state or federal civil rights enforcement agencies and/or the state or federal courts withdrawn as part of its settlement of this complaint.

**I agree to participate in the Commission's effort to mediate my complaint.**

(signature)	(date)
<b>Return it to the: RI Governor's Commission on Disabilities</b> <b>41 Cherry Dale Court</b> <b>Cranston, RI 02920-3049</b> <b>and keep a copy of the completed form for you records.</b>	

<b>To be completed by the Governor's Commission on Disabilities</b>	
<b>Received at the Commission on :</b>	
<b>Assigned case #</b>	